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## REVOCATION OF POWER OF ATTORNEY WITH **NEW POWER OF ATTORNEY** AND **CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/114,810-Conf. #9691				
Filing Date	July 13, 1998				
First Named Inventor	Anthony Atala				
Art Unit	3763				
Examiner Name	C. L. Rodriguez				
Attorney Docket Number	101353-0251				

I hereby revoke all previous powers of attorney given in the above-identified application.									
A Power of Attorney is submitted herewith.									
OR									
X I hereby appoint the practitioners associated with the Customer Number: 021125									
X   Please change the correspondence address for the above-identified application to:   X   The address associated with Customer Number:   021125									
OR ×	The address associated with Customer Number:		021125	-		TECHNOLOG 1 20			
Firm or Individual Name NUTTER MCCLENNEN & FISH LLP Thomas J. Engellenner									
	World Trade Center West 155 Seaport Boulevard								
City	Boston		- <u>-</u>						
Country	US	State	MA	,	Zip	02210-2604			
Telephone	(617) 439-2000			Fax	(617) 310-	9000			
l am t	he:								
Applicant/Inventor.									
X Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
SIGNATURE of Applicant or Assignee of Record									
	Donald P. Lombardi,								
Name	Title: Director								
For: Children's Medical Center Corporation									
Signature	Housed For	noa	d.						
Date	(17/04		Teleph	one	6173	1557050			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
*Total of — forms are submitted.									

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